TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE 1 3 0 5 Virginia 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2013
5. TYPE OF PLAN MATERIAL (Check One)	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND	DMENT (Separate transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 435	7. FEDERAL BUDGET IMPACT a. FFY 2013 \$ 0.00 b. FFY 2014 \$ 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Attach. 2.6-A, Page 22 of 26	OR ATTACHMENT (If Applicable)
	Same page
10. SUBJECT OF AMENDMENT	
Technical Change to Increase Resource Limits for Medicare Savings Program Groups	
	rodicare Cavings i Togram Croups
11. GOVERNOR'S REVIEW (Check One)	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED Secretary of Health and Human Resources
(Methinis In)	S. RETURN TO
13. TYPED NAME Cynthia B. Jones	Dept. of Medical Assistance Services 600 East Broad Street, #1300
14. TITLE Director	Richmond VA 23219
15. DATE SUBMITTED 6-2/-/3	Attn: Regulatory Coordinator
FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED 19. DATE APPROVED	
June 21 2013	DATE APPROVED
PLAN APPROVED - ONE	COPY ATTACHED 2013
19. EFFECTIVE DATE OF APPROVED MATERIAL 20	SIGNATURE OF AEGIONAL SECTION
21 TYPED NAME	my of the
FRANCIS Mc Cullough 23. REMARKS ASSOCIATE REGIONAL Administrator / DMCHO	
Pen and ink change- Section #6. Federal Statute/Regulation Citation to be changed to reflect the following:	
\$1902(a)(10)(E)(i) \$1902(a)(10)(E)(iii) \$1902(a)(10)(E)(iv) \$1905(p) and \$1860D-14(a)(3)(D) of the Act	manged to reflect the following: